

IBEW LOCAL UNION NO. 716 RETIREMENT PLAN
401(k) VOLUNTARY EMPLOYEE SALARY REDUCTION AGREEMENT

ENROLLMENT/CHANGE FORM

EMPLOYEE INFORMATION *(please print)*

Name:		SS#:
Address:		
City:	State:	Zip:
Date of Birth:	Local Union No.:	Employer:

According to terms and provisions of the Collective Bargaining Agreement, I enter into this Voluntary Employee Salary Reduction Agreement ("Agreement") with _____ (my "Employer").

CONTRIBUTION ELECTION

Effective _____, my Employer will reduce my hourly wage by the amount listed below but in an amount that will not cause me to exceed the annual limit allowed by the IRS.

\$0.00

\$0.50 up to \$8.40 (Please fill in amount) _____ hour.

1. My Employer will contribute to the Plan on my behalf, the amount by which I have reduced my compensation under this Agreement (my "elective deferral contributions are not subject to Federal or State Income tax until distributed from the Plan, but they are subject to Social Security taxes.
2. This Voluntary Employee Salary Reduction Agreement remains in effect until revoked by me. I may revoke my agreement at any time. I must notify my Employer of my revocation in writing, specifying the effective date. I understand that a 7-day waiting period is required to start or revoke this Agreement (7 days before the pay period or 7 days after the pay period).
3. I may modify my Voluntary Employee Salary Reduction amount during the months of January and July by filing a new Agreement with my Employer and the amount of my elective deferral contributions will be modified. I may enroll at the beginning of employment with an Employer and enroll or change withholding each year during the months of January or July. Withholding will be made effective on the first payroll of the following month. I must file a new Voluntary Employee Salary Reduction Agreement with each Employer.
4. If I enter a subsequent Voluntary Employee Salary Reduction Agreement after the date of this Agreement, it will revoke this Agreement.
5. Current Plan design does not allow **highly compensated Employees to participate.**

AUTHORIZATION

My signature will serve as authorization for my Employer to make the elective deferral contributions as indicated above.

EMPLOYEE SIGNATURE

_____/_____/_____
DATE

EMPLOYER SIGNATURE

_____/_____/_____
DATE